

PLEASE CLICK ON THE COUNTY OF LOS ANGELES SEAL  
TO RETURN TO THIS PAGE

[CLICK HERE FOR THE HEALTH SERVICE'S REPORT DATED MARCH 14, 2016](#)

[CLICK HERE FOR THE HEALTH SERVICE'S REPORT DATED OCTOBER 18, 2016](#)



# Health Services

LOS ANGELES COUNTY

## Los Angeles County Board of Supervisors

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

**Christina R. Ghaly, M.D.**  
Deputy Director, Strategy and Operations

March 14, 2016

**TO:** Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

**FROM:** Mitchell H. Katz, M.D.  
Director

**SUBJECT: TEMPORARY MEDICAL PERSONNEL SERVICES  
(TMPS) USAGE AT DEPARTMENT OF HEALTH  
SERVICES FACILITIES**

On June 16, 2015, your Board directed the Department of Health Services (DHS) to report back in writing on temporary medical personnel services agreements usage trends for each facility.

### Background

DHS uses Temporary Medical Personnel Services (TMPS) Agreements with multiple vendors to ensure appropriate temporary or as-needed medical staffing coverage when County employees are not able to provide critical patient care services. The agreements have been used for many years to address critical allied health staffing shortages, peak workloads, unexpected emergencies, and vacation coverage at DHS. The types of healthcare personnel services include, but are not limited to, pharmacy, respiratory, rehabilitation therapy, and radiology. A list of the service categories is attached for reference (Attachment A). It should also be noted that not all of these service categories are used. These agreements are in place in case there is a need for a certain service.

As the second largest municipal health system in the nation, DHS operates an integrated system of 19 health centers and four hospitals, with a workforce of over 20,000 County employees. Usage varies from facility to facility because each has different services, staffing plans, resources, and hours of operation. DHS has also experienced challenges hiring and retaining certain classifications of staff due to non-competitive salaries and geographic issues.

DHS anticipates that recent salary and market-based inequity adjustments approved by the Board of Supervisors will enhance DHS' ability to recruit

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)



and retain medical personnel going forward. In particular, during the contract negotiations with Service Employees International Union (SEIU) Local 721 and the Union of American Physicians and Dentists (UAPD), the Board of Supervisors approved a 10% salary increase over the term of the three year contracts for the represented allied health and pharmacy classifications.

Additionally, market-based inequity salary adjustments in the range of 5-10% were approved for a number of represented classifications, with implementation schedules beginning January 2016, such as:

- Audiologist I, II
- Cardiovascular Tech
- Clinical Lab Scientist
- Cytology Lab Tech
- Electrocardiogram (EKG) Tech
- Magnetic Resonance Imaging (MRI) Techs
- Occupational Therapist
- Pharmacist
- Physical Therapist
- Pulmonary Physiology Tech
- Radiology Tech
- Speech Pathologist I

In addition to these hiring challenges, DHS began the implementation of the Electronic Health Record System, known as ORCHID, in November 2014. This resulted in a temporary rise in registry use to backfill for DHS staff who participated in design/build projects and attended various ORCHID trainings. The last DHS facility to join the ORCHID system was Rancho Los Amigos National Rehabilitation Center (RLANRC), which went live on March 1, 2016. Since the usage of the TMPS agreements has fluctuated over the past few years, it would be valuable to conduct an analysis of the usage of these agreements by facility post-ORCHID implementation. DHS will conduct an analysis and report back on usage at the end of summer 2016.

If you have any questions or need additional information, please contact me at (213) 240-8101.

MHK:rm

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

## Attachment A

### **List of Temporary Medical Personnel Services Categories**

- Anesthesia Services
- Angiography
- Audiology
- Autopsy
- Cardiac Electro-Diagnostic (ECG/EKG)
- Clinical Laboratory Services
- Computed Tomography (CT) Services
- Dental Assistant Services
- Echocardiography (Pediatric or Adult, with and without Equipment)
- Electroencephalography (EEG) and Evoked Potentials (EP) Services (Routine and STAT/On-Call)
- Electromyography (EMG)
- General Radiology (X-Ray) Services
- Histology (Tissue Analysis)
- Magnetic Resonance Imaging (MRI) Technology
- Mammography Services
- Medical Dosimetry
- Medical Radiation Physics
- Mobile Lithotripsy
- Mortuary Services
- Nerve Conduction Velocity Studies (NCV)
- Neurological Services
- Nuclear Medicine Services
- Occupational Therapy
- Ophthalmology
- PET/CT Scan Technology Services
- Pharmacy
- Phlebotomy
- Physical Therapy
- Polysomnographic Technology
- Psychiatric and Clinical Social Work
- Radiation Therapy Services
- Recreational Therapy
- Rehabilitation Therapy
- Renal Dialysis
- Respiratory Care Services
- Speech Pathology
- Ultrasound Services



**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

**Christina R. Ghaly, M.D.**  
Chief Operations Officer

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality,  
patient-centered, cost-effective  
health care to Los Angeles County  
residents through direct services at  
DHS facilities and through  
collaboration with community and  
university partners.*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

October 18, 2016

**TO:** Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

**FROM:** Mitchell H. Katz, M.D.  
Director

**SUBJECT: TEMPORARY MEDICAL PERSONNEL SERVICES (TMPS)  
USAGE AT DEPARTMENT HEALTH SERVICES FACILITIES**

On June 16, 2015, your Board directed the Department of Health Services (DHS) to report back in writing on temporary medical personnel services agreements usage trends for each facility. The department sent an interim response on March 2, 2016 in order to collect data on registry usage post ORCHID deployment.

**Background**

DHS has Temporary Medical Personnel Services (TMPS) Agreements with multiple vendors to ensure the availability of temporary or as-needed clinical staffing coverage (e.g., registry ) when County employees are not available to provide critical patient care services. These agreements have been used for many years to address allied health staffing shortages, peak workloads, short-term needs, unexpected emergencies, and vacation/leave coverage in DHS facilities.

**Registry Usage Data**

Attachment I shows DHS' usage of registry by category, including actual expense, actual hours, and full time equivalents (FTEs) for the month of April 2016. (In a few instances, a different month was used due to registry billing practices). Registry usage varies by facility due to provision of services, operating hours, and patient volume. In order of expense, following are the top five categories of TMPS registry usage across DHS:

1. Pharmacy
2. Respiratory Care
3. Clinical Laboratory/Pathology/Phlebotomy
4. Radiology
5. Physical/Occupational Therapy

Attachment II shows a breakout by DHS facility for each of these five categories, including the number of budgeted FTE and vacancies as of May 2016, with the related registry usage represented as FTE for comparison.

### **Reasons for Registry Usage**

DHS uses temporary staff in allied health fields for a variety of reasons as described below:

1. **Leaves:** There are a variety of short and long-term leaves that County employees may need to take, including sick, vacation, Family and Medical Leave Act (FMLA), long term leave, industrial accident leave, bereavement leave and military leave. For example, in the time period reviewed, Olive View-UCLA Medical Center's (OVMC) Phlebotomy department had 31 Phlebotomy Tech positions and used 13.1 FTE of Registry. This registry usage was not due to significant vacancies or fluctuating workload but rather because OVMC had 14 employees on various types of leave and/or restricted duty. Once the employees are released to full duty, the reliance on registry will be reduced.
2. **Regular Turnover:** DHS facilities need to rely on registry to backfill critical vacant items pending the recruitment and hiring process. For example, DHS experiences a significant number of retirements in March compared to the rest of the calendar year. During the time period reviewed, the Pathology Lab at the Martin Luther King Outpatient Center (MLK OC) had five (5) vacancies and candidates were in various stages of the hiring process in May 2016.
3. **Recruitment Challenges:** DHS may also experience recruitment challenges due to geography, lack of qualified candidates, and market competition. Notably, recruitment challenges exist in many of the top categories of registry usage such as Clinical Lab/Pathology/Phlebotomy, Radiology, and Physical/Occupational Therapy. Through the most recent contract negotiations with Service Employees International Union (SEIU) Local 721, the classifications of Radiology Tech, Dental Lab Radiologic Tech, MRI Tech and EEG Tech are scheduled to receive a 5% increase in January 2017 and January 2018 above and beyond the general salary movement to address issues of recruitment, retention and labor market inequities. Further, the County salary for Physical Therapists and Occupational Therapists is also scheduled for a 5% increase in January 2017, above and beyond the general salary movement. Finally, the salary for Clinical Lab Scientist was increased 5% in January 2016 and is scheduled for another 5% increase in January 2018, above and beyond the general salary movement. DHS anticipates that each of these salary enhancements will help to address issues of recruitment and retention, resulting in reduced registry usage.
4. **Workload fluctuations:** DHS also uses registry in areas where workload is fluctuating, new technology is being implemented, or where a different staffing mix is anticipated in the near future. For instance, DHS's highest use of registry by expense and FTE is currently in Pharmacy. This is by design in the outpatient pharmacy setting due to significant changes in patient status and the adoption of modern dispensing practices. First, traditional DHS pharmacy workload has been in flux due to the transition of uninsured patients to insured status with access to pharmacies in the community. Second, Board approval of a central

fill pharmacy contract is expected to provide efficient automated medication dispensing access for DHS pharmacies and a mail-service option to increase access for our patients. DHS has been relying on registry for a significant portion of the Pharmacy Tech work effort while we track the workload fluctuations to identify the long-term staffing requirements for DHS' 18 ambulatory care pharmacy locations.

DHS is now performing a review of current and future pharmacy staffing needs across the system, utilizing Cardinal Health Outpatient Pharmacy Solutions to support this assessment. The goal is to develop staffing metrics by the end of 2016 for each pharmacy based upon actual workload and optimization of our central fill pharmacy services. The staffing plan will also identify the County pharmacy items needed to manage the stabilized pharmacy workload and to reserve registry use for traditional temporary backfill. DHS plans to work closely with SEIU and the Union of American Physicians and Dentists (UAPD) to review this anticipated staffing plan and implementation timeline.

5. Staffing Mix Studies: DHS facilities regularly review their work needs to consider whether registry expense is reflective of an ongoing work need and should be converted into County items. For instance, OVMC had been using more Respiratory Care registry than its budgeted FTE and received approval to fund six County positions for FY16-17. Similarly, LAC+USC Medical Center (LAC+USC) received approval to add 13 positions in the Radiology department in the last budget cycle. In both of these areas, recruitment has been initiated and registry usage is expected to decline as these departments become fully staffed. In other areas, workload has gone up over time and a study is needed to assess the adequate numbers of positions. For example, the Pathology laboratory at the MLK OC has experienced an increase in workload as it currently performs centralized specialty and overflow testing for all of the DHS labs, DHS is consolidating the work done at the Comprehensive Health Centers (CHCs) via a phased in process, and there is also testing from the new Martin Luther King Community Hospital, Probation, and the Sheriff Departments. With these changes, a study is needed to determine the appropriate staffing allocation.
6. New Technology/Changes in Process: As mentioned in the previous report, DHS facilities have also utilized registry to assist with reconciling backlog as staff become more proficient with ORCHID. For example, the High Desert Regional Health Center (HDRHC) has experienced backlogs in the Phlebotomy division due to following up on undefined orders and scanning lab results. As staff become more familiar with ORCHID and the backlog is completed, the related registry use should decline.

### **Strategies to manage the use of registry**

DHS regularly assesses its overall approach to managing registry utilization, with the goal of using registry primarily to manage temporary backfill needs and workload fluctuations. Current areas of focus include:

1. Data Collection Methods: Currently, registry review and trend analysis requires significant manual review by DHS facilities and data matches between contract, finance and HR systems.

DHS is working with the registry vendors to provide data usage in electronic formats in the future so we can move away from manual entry and develop a database to better track trends and usage. DHS is also working to develop a cost accounting system to be able to benchmark staffing levels to the clinical workload, measure productivity and develop staffing plans more easily. In addition, DHS is exploring opportunities to develop a better scheduling system for our 24/7 environments that would support real-time analysis of emerging staffing needs, as well as enhanced leave management and work restriction reports to better understand the percentage of registry that is regularly being used to backfill existing County employees.

2. Monitor Recruitment in High Registry Use Categories: DHS will be tracking whether the salary enhancements approved by the Board following the County's contract negotiations with SEIU and UAPD are helping to close the recruitment gap in areas with significant vacancies and registry usage, particularly for Pharmacist, Clinical Lab Scientist, Radiology Tech, and Physical/Occupational Therapy classifications.
3. Staffing Model Analysis: Changes in the delivery of healthcare have occurred during the past several years and it will be important to analyze and reassess staffing needs depending on changes in patient flow, technology, finances and customer service needs. As noted above, DHS is currently working on pharmacy improvements and a study of pharmacy staffing needs, which is anticipated to address the highest category of Allied Health registry usage by expense and FTE. Following Pharmacy, Respiratory Care is the second highest category by registry expense and DHS will undertake a review of the recruitment and staffing needs at Harbor-UCLA Medical Center and LAC+USC to determine whether a different staffing model would be more appropriate.

#### **Next steps**

DHS will continue to monitor registry usage, fill vacancies, and look at ways to supplement recruitment and retention activities in an effort to convert registry staff into county positions where feasible and appropriate. We will also continue to engage our labor partners in order to resolve issues as they arise.

If you have any questions or need additional information, please contact Christina Ghaly, Chief Operations Officer, at (213) 240-7787 or Elizabeth Jacobi, Director of Human Resources, at (213) 240-8218.

MHK:rm

#### **Attachments**

cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors



**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
REGISTRY REPORT SUMMARY  
FISCAL YEAR 2015-16  
APRIL 2016**

<b>REGISTRY CATEGORIES</b>	<b>ACTUAL EXPENSE*</b>	<b>ACTUAL HOURS</b>	<b>FTEs**</b>
1. PHARMACY REGISTRY	\$ 1,089,043	29,888	172
2. RESPIRATORY REGISTRY	\$ 620,381	11,926	69
3. CLINICAL LAB/ PATHOLOGY/ PHLEBOTOMY REGISTRY	\$ 469,664	16,372	95
4. RADIOLOGY REGISTRY	\$ 351,257	7,602	44
5. PHYSICAL/OCCUPATIONAL THERAPY REGISTRY	\$ 286,286	5,213	30
6. ANESTHESIA REGISTRY	\$ 243,965	1,562	9
7. EKG & ECHO REGISTRY	\$ 108,599	2,745	16
8. AUDIOLOGY/SPEECH REGISTRY	\$ 36,173	526	3
9. DENTAL REGISTRY	\$ 22,364	1,220	7
10. NEUROLOGICAL TESTING REGISTRY	\$ 19,945	1,069	6
11. CATSCAN REGISTRY	\$ 19,176	428	3
12. SOCIAL WORK REGISTRY	\$ 13,480	262	2
<b>TOTAL DHS</b>	<b>\$ 3,280,333</b>	<b>78,813</b>	<b>454</b>

\*Expenses are mostly for the month of April 2016, except some are based on other month expenses due to billing delays/issues.

\*\*FTEs have been rounded up.

**Registry Report Summary  
Vacancies and Registry Usage as of May 1, 2016**

**Attachment II**

Work Effort	Harbor			LAG+USC			OVMC			Rancho			MLK/ACN			DHS Wide		
	Budgeted Allocation	Vacancy	Registry FTE	Budgeted Allocation	Vacancy	Registry FTE	Budgeted Allocation	Vacancy	Registry FTE	Budgeted Allocation	Vacancy	Registry FTE	Budgeted Allocation	Vacancy	Registry FTE	Total Budgeted Allocations	Total Vacancies	Total Registry FTE
<b>1. Pharmacy</b>	<b>74</b>	<b>3</b>	<b>46.1</b>	<b>167</b>	<b>15</b>	<b>49.7</b>	<b>74</b>	<b>8</b>	<b>23.5</b>	<b>38</b>	<b>1</b>	<b>9.4</b>	<b>132</b>	<b>7</b>	<b>43.1</b>	<b>485</b>	<b>34</b>	<b>171.8</b>
Pharmacist	44	1	11.7	87	5	14.2	32	3	7.3	18	0	3.8	55	2	8.3	236	11	45.3
Pharmacist Manager	6	1	0	12	5	1	4	1	0	3	0	0	70	2	1	95	9	2.0
Pharmacy Tech	24	1	34.4	68	5	34.5	38	4	16.2	17	1	5.6	7	3	34.1	154	14	124.8
<b>2. Respiratory</b>	<b>34</b>	<b>7</b>	<b>24.2</b>	<b>71</b>	<b>14</b>	<b>37.8</b>	<b>25</b>	<b>3</b>	<b>6.3</b>	<b>14</b>	<b>4</b>	<b>0.2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>147</b>	<b>30</b>	<b>68.5</b>
Polysomnographic Tech	0	0	0.8	0	0	1.1	0	0	0	0	0	0	0	0	0	0	0	1.9
Respiratory Care Practitioner	32	7	23.4	50	7	36.7	23	3	6.3	14	4	0	3	2	0	122	23	66.4
Respiratory Tech	2	0	0	21	7	0	2	0	0	0	0	0.2	0	0	0	25	7	0.2
<b>3. Clinical Lab/Pathology/Phlebotomy</b>	<b>176</b>	<b>19</b>	<b>2.2</b>	<b>272</b>	<b>38</b>	<b>24.9</b>	<b>83</b>	<b>5</b>	<b>39.5</b>	<b>26</b>	<b>2</b>	<b>1.8</b>	<b>120</b>	<b>16</b>	<b>26.3</b>	<b>677</b>	<b>80</b>	<b>94.7</b>
Clinical Lab Scientist	87	10	0	156	23	0	47	4	7.5	19	2	0	63	8	3.7	372	47	11.2
Histology Tech	0	0	0	0	0	0	0	0	1.3	0	0	0	0	0	0	0	0	1.3
Lab Assistant	46	6	0	59	6	12.1	0	0	17	0	0	0	8	1	10.9	113	13	40.0
Mortuary Technician/Aid	0	0	0	7	4	6.6	0	0	0	0	0	0	0	0	0	7	4	6.6
Phlebotomy Tech	35	2	2.2	33	2	6.2	31	1	13.1	5	0	1.8	44	7	11.7	148	12	35.0
Spvg Clinical Lab Scientist	8	1	0	17	3	0	5	0	0.6	2	0	0	5	0	0	37	4	0.6
<b>4. Radiology</b>	<b>101</b>	<b>7</b>	<b>5</b>	<b>133</b>	<b>9</b>	<b>16.8</b>	<b>65</b>	<b>6</b>	<b>6.7</b>	<b>15</b>	<b>0</b>	<b>2</b>	<b>73</b>	<b>13</b>	<b>13.3</b>	<b>387</b>	<b>35</b>	<b>43.8</b>
Diagnostic Ultrasound Tech	16	0	3.4	25	2	5.2	14	1	2.6	5	0	0	14	1	6.1	74	4	17.3
MRI Technologist	0	0	0	8	1	0.1	0	0	0	0	0	0	0	0	0	8	1	0.1
Nuclear Medicine	6	0	0	6	0	2	2	1	0.8	1	0	0	2	0	0	17	1	2.8
Radiation Therapy	2	0	0	7	0	2.3	18	2	0	0	0	0	1	0	0	28	2	2.3
Radiology Tech	77	7	1.6	87	6	7.2	31	2	3.3	9	0	2	56	12	7.2	260	27	21.3
<b>5. Phys/Occu Therapy</b>	<b>20</b>	<b>3</b>	<b>0</b>	<b>48</b>	<b>6</b>	<b>12.8</b>	<b>25</b>	<b>0</b>	<b>1.3</b>	<b>69</b>	<b>3</b>	<b>9.5</b>	<b>15</b>	<b>4</b>	<b>6.3</b>	<b>177</b>	<b>16</b>	<b>29.9</b>
Occupational Therapist	7	1	0	13	1	2.8	7	0	0	26	0	1.3	4	0	0.3	57	2	4.4
Physical Therapist	8	0	0	14	0	8.8	13	0	0	29	3	8.2	8	3	4.2	72	6	21.2
Recreation Therapist	3	2	0	9	2	0.4	2	0	1.3	7	0	0	0	0	0	21	4	1.7
Rehab Therapy Tech Aide	2	0	0	12	2	0.8	3	0	0	7	0	0	3	1	1.8	27	3	2.6

\* Budgeted Items and Vacancies as of May 1st, 2016

\* Registry FTE represents total usage for the month of April 2016, with a few exceptions where usage is from earlier in 2016 due to registry billing practices